

# MaineCare Temporary Filling Standardized Written Agreement Form

## 1. Independent Practice Dental Hygienist Section

By signing this form, I attest that I have entered into a written agreement with a dentist that meets the conditions of Chapter 101, MaineCare Benefits Manual, Chapter II 25.07-5(5)(b).

The effective dates of this agreement are:

\_\_\_\_\_  
Start date

\_\_\_\_\_  
End date

I will maintain a copy of this written agreement so that MaineCare may verify its terms and existence.

_____ Name (print or type)	_____ NPI	_____ Signature	_____ Date
Independent Practice Dental Hygienist			

## 2. Dentist Section

By signing this form, I attest that I have entered into a written agreement with a dentist that meets the conditions of Chapter 101, MaineCare Benefits Manual, Chapter II 25.07-5(E)(2)(b).

_____ Name (print or type)	_____ NPI	_____ Signature	_____ Date
Dentist			